



TFW 1645

PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006. OMB 0651-0032  
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FEE TRANSMITTAL		Complete if Known	
<b>U.S. Army Medical Research &amp; Material Command For FY 2006</b> <small>Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 2646)</small>		Application Number	10/057,532
		Filing Date	January 25, 2002
		First Named Inventor	Jeffrey A. LYON
		Examiner Name	P. Baskar
		Art Unit	1645
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	38644-197852
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>120.00</b>

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 210-380 Deposit Account Name: WRAIR 01-20

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =	x	=				

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Petition for Extension of Time (1-month)</u>	<u>\$120.00</u>

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,830
Name (Print/Type)	Ann S. Hobbs, Ph.D.	Telephone	(202) 344-4000
		Date	September 18, 2006

775900



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
38644-197852

In re Application of Jeffrey A. LYON et al.

Application Number 10/057,532

Filed January 25, 2002

For RECOMBINANT P. FALCIPARUM MEROZOITE  
PROTEIN-1<sub>42</sub> VACCINE

Group Art Unit  
1645

Examiner  
P. Baskar

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$120.00  
☐ Two months (37 CFR 1.17(a)(2)) \$  
☐ Three months (37 CFR 1.17(a)(3)) \$  
☐ Four months (37 CFR 1.17(a)(4)) \$  
☐ Five months (37 CFR 1.17(a)(5)) \$  
☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 210-380 referencing WRAIR 01-20 (38644-197852).

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/22 (10-00) MAHME1 00000052 210380 10057532

☐ attorney or agent of record.

01 FC:1251

120.00 DA

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 36,830.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

September 18, 2006

Date

Signature

Ann S. Hobbs, Ph.D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.